UNITED STATES DISTRICT COURT WESTERN DISTRICT OF WASHINGTON

	•
Scott william Thomas	C17-5417BHS/TLF
(Name of Plaintiff)	**AMENDED**
vs.	CIVIL RIGHTS COMPLAINT BY A PRISONER UNDER 42 U.S.C. § 1983
Washington Department of Corrections. Et: AL	
(Names of Defendant(s))	
I. Previous Lawsuits: A. Have you brought any other lawsuits in any t	federal court in the United States while a prisoner?:
Yes No B. If your answer to A is yes, how many?: below. (If there is more than one lawsuit, descripaper using the same outline.)	NA . Describe the lawsuit in the space
2. Court (give name of District): W/A	
3. Docket Number: W/A	rollmann al-14-14-15 personal are supported in the support of the

4. Na	ame of judge to whom case was assigned:				
Was i	sposition (For example: Was the case dismissed as frivolous it appealed? Is it still pending?):	or for failure to st	ate a claim?		
6. Ap	oproximate date of filing lawsuit: W/A				
7. Ap	7. Approximate date of disposition: M/H				
II. Place of P	resent Confinement: Clallam Bay Corr	rection Cu	enter		
	9	a a			
В. На	ave you filed any grievances concerning the facts relating to t	- ,	□ No		
	If your answer is NO, explain why not:		Yes No No.: 382460 Say, WA 98326 position, and his/her place ownent of any additional		
C. Is t	the grievance process completed?	Y Yes	□ No		
•	If your answer is YES, ATTACH A COPY OF THE FI RESOLUTION for any grievance concerning facts rela				
	See atached	•			
	this Complaint	% C	241.0		
	me of Plaintiff: Scott william Thomas Ir				
Addre	ess: 1830 Eagle Crest way Clallar	m Bay, w	A 98326		
of emp	em B below, place the full name of the defendant, his/her offit ployment. Use item C for the names, positions and places of dants. Attach additional sheets if necessary.)	cial position, and employment of a	his/her place 1y additional		
of (fendant: Washington Department Official Corrections Et. AL. of employment:	Position:			
2. Has 3. Mc	ditional defendants MC Kenney-C.U.S UNES-Superintendent Snger - 2nd Shift lieutenant wers-3rd Shift lieutenant	<u>-</u>			

1071

Sept 25,2017

Here is a copy of my final grievance, or what I believe to be that.

I want it to be known to the court that it was never my wish to withdraw my complaint like the response says.

whe they pilled me out to speak to

food marager # / watson about my 1500.

15 has after we had started to recove

our normal portions when she said "15

There anything I can do" I said can

gou give me tood to replace all we did

not recieve? She said "NO" I said Then

I don't see how you can help me. She

Said, "So everything is of them and I said

not gute I lost 21165 and She said "Im

Sovry" I said oko

She then proceeded to say "there is nothing I can physically do" I said I Know Its too late to relieve me of the point, Suffering and we are being ted again. She said ok were done here" Then left. I thought the Grievance process would continue we then they satisfied my donards on not then I get this Saying is longer porsing. South uponal

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17634561

APPEAL TO LEVEL II APELACIÓN AL 2DO NIVEL

Name: NOMBRE:	Last APELLIDO Thomas	First PRIMERO NOMBRE Scott	Middle 2DO NOMBRE W	DOC Number NUMERO DOC 382460	Facility/FACILIDAD Office	Unit/Cell UNIDAD/OELDA EG03
PART A	INITIAL GRIEVAN	CE/PARTE A - QUEJA INIC	CIAL .	Date Typed 6/26/17	Date Due	7/18/17

I WANT TO APPEAL: I am appealing this descision, because I know the answlner not to be the truth. The only thing that has brought in from an outside vendor is the loaf bread we get to make our sanwiches. We are still not getting our breakfast sandwiches on Wednesday's or Friday's. On Wednesays and Fridays also we are only getting g one PBJ and we are supposed to get two. We aren't getting wheat rolls, brownies, cookies, brand bars, muffins, etc. The production of our lunch bags are not efficient most times there are still people missing a slice of bread, cheese, or peanut butter, and so forth, there are still no real substitutions being made. We are still being deprived what our regular menu calls for. It's phsycologically damaging to be dependent on the state food and not receive it, as well as never being satisfied at any meal. Respectfully, Scott Thomas

SUGGESTED REMEDY: As I have previously stated I feel the kitchen staff needs to do a better job, and try harder to make sure we are getting the proper amount of food and calories.

s/s M. Holthe, CS2	6/19/17	s/s Scott Thomas	6/16/17
Grievance Coordinator Signature	Date	Grievant Signature	Date
FIRMA DE COORDINADOR DE QUEJAS	FECHA	FIRMA DE QUEJANTE	FECHA

PART B -LEVEL II RESPONSE/PARTE B RESPUESTA 2DO NIVEL

This complaint was investigated by G. Watson, Food Manager 1. During the investigation she reviewed initial complaint and corresponding response and appeal, purchase orders & dates, and interviewed you.

When interviewed you stated that you have filed a lawsuit related to this issue and as such you don't see any reason to pursue this compliant.

Based on the information presented, it appears that you have elected to file a lawsuit regarding this matter and no longer want to pursue this grievance and as such no further action is deemed warranted. Complaint withdrawn.

Superintendent, Work Release Supervisor, Field Administrator Signature SUPERINTENDENTE

Date FECHA

You may appeal this response by submitting a written appeal to the coordinator within five (5) working days from date this response was received. Ud. puede apelar esta respuesta al someter una apelación por escrito al coordinador dentro de cinco (5) días de trabajo de la fecha en que esta respuesta fue recibida.

5. Mchattre - Pood manager 2 be Watson - tood manager #
7. Kitchen AC - Jame John Doe 8. CI's - Scott Edwards, director
IV. Statement of Claim 9. Jane / Thon doe - medical responder / repres
(State here as briefly as possible the <u>facts</u> of your case. Describe how each defendant is involved, including dates, places, and other persons involved. <u>Do not give any legal arguments or cite any cases or statutes</u> . If you allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets if necessary.)
handred out a flyier notifying us that pive to Contaminated water at the (AHCC) CI food wherehouse they would be no longuer Sorving food Propogred At (AHCC). Phoase see attached downent for further information.
Served the food in question. The problem is that! Three quarters of all the food we are sorved are packaged and prepared at the (AHC) food industries.
From may 18th world July 14th we were not recieving the proper amount of Calvies to sustain our badywhicht I lost 21 165, despite my best efforts to maintain my weight. Things such as eating everything given to one, limiting my physical mounteints and sleeping denrectly after meal time.
I exhausted my remodies and reached out to all the statt who I thought could help and no one old. So, for the duration of the recall I was forced to rendure weight loss, hunger pains, depression, physical and unotional training, and physiological texture. My complaint continues on next page.
V. Relief

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

VERTFIED COMPLAINT FOR DAMAGES AND INJUNCTIVE RELIEF INTRODUCT DON'T 1. This is a 1983 action filed by myself, Scott william Thomas, a prisoner, alleging violation of my Constitutional rights to recieve food/nutrition and Seeking injunctive relief and maney damages, JURISOTION: 20 Jurisdiction of this court is invoked to pursuant 28 U.S.C. 1331 that this is a civil rights action arising under the constitution of the united States. 3. Jurisdiction of the Court is invoked to purcuant 28 U.S.C. 1343 (a)(3) in that this action Seeks to reduces the deprivation, under color of law, of rights secured by acts of congress providing for equal rights of persons within the brisdiction of the united States. THE PARTIES: 4. Plantiff-Scott william Thomas at all times present was confined by the washington department of connections (wood) at Clallam bay connection Center (CBCC) 5. Defendant - Prison medical Providers (PMR) Jame/Thon poe at all times relevant was a Provider employed by (CBCC) 6. Recommendant - Haynes at all times relevant was the Superintendent emplayed by (CBCC) 7. Defendant-monger at all times relevant was employed as the 2nd Shif lieutenant by (CBCC) 8. Defendant - Bowers at all times relevant was employed as the 3rd Shift lieutenant at (CBCC)

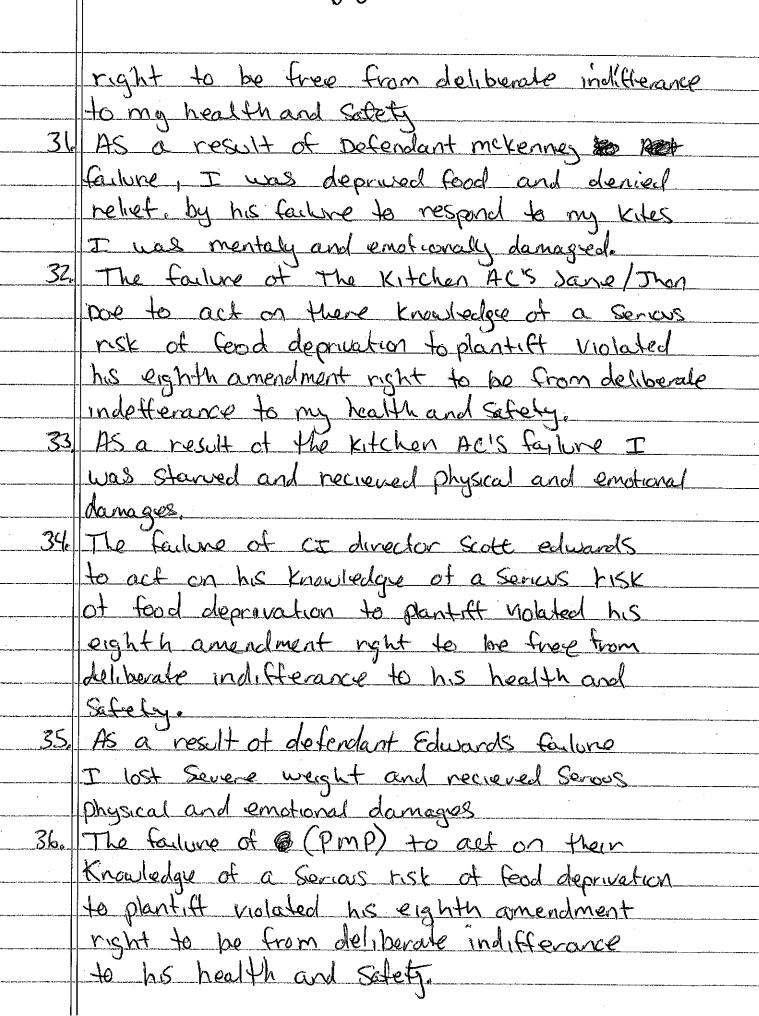
····	
q.	Defendant-watson was at all times relevant
	was employed as food manager #1 by (CRCC)
10	Defendant-mchaffie was at all times relevant
	was employed as food manager by (CBCC)
11/2	Defendant-Jane/John Doe was at all times relevant
•	was employed as kitchen AC by (CBCC)
12,	Defendant-Scott Edwards was at all times
	relevant The pirector OF CI Food
The state of the s	Industries.
	THE FACTS:
13.	on may 18th, 2017 Cus Mckenney passed out
	a flyier, notifying us of the (AHCL) food
	recall do to contaminated water.
14	On may 21,2017 I Kited Ct Scott edwards
	notifing him we were being Shorted at
il ar - propriete senting and an electrical designation and	
	meal times and asking him to see to it
IS.	Our I tems are substituted.
	on may 21, 2017 I Kited Sperintendent Haynes
aura / rocanti meannen merendami nercano.	and notified him we were being Shorted the
16	equivelant of once meal a day
	on may 21, 2017 I Kited Co.S makenney
	notifing him of the fact we were not being
*	fed properly and asked him to see to it we
] 7	are gulting substituted items.
	on may 21, 2017 I kited the kitchen Ac and
	asked her / him to come up with an inexpensive
	Substitute to replace the (AHCC) CI food items.
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on June, 12, 2017 I kited the food managers to let them know we were still being shorted and that no altempt to remedy was being 19, on may 21, 2017 I Kited the (PMP) to let them know we werent getting the propper nutrition. 20, on June 6, 2017 I Kited the (PMP) asking then for relief via snacks or ensure, that I was concerned about my health and weight loss, hunger pains and weakness. 21, on line 21, 2017 I Kited The (PMP) to be evaluated about my weight loss do to the deprivation of feed because of the (AHCL) recull. CLATMS FOR RELIEF: Failure to Protect, remedy, or relieve 22. The failure of Superintendant Haynes to Aet on his knowledge of a Serious risk of food deprivation to plantiff violated my eighth amendment right to be free from deliberate difference to my Safely and health. 23, As a result of Sperintendant haynes failure Siffered weight loss, and was forced to endure hunger puns, physical, emotional and physical damagos. 24. The fadure of 2nd 8hf heutenant monger to act on his knowledge of Serious nik of food deprivation to plantiff violated my eighth amendment right to be free from deliberate indifference to my

Safety and health 25 The failure of 3rd Shift heutenant Bowers to act on his knowledge of a Serious risk of food deprivation of plantiff violated my eighth amendment right to be free from deliberate indifference to my health and safety 26. The failure of food manager#2mchaffice to act on her knowledge of a Serious risk of food deprivation to plantiff violated my eighth amendment right to be free from deliberate indifference to my health and safety. 27 AS a result of defendant mehattie's failure to substitute food items I lost weight rapidly and was forced to endure, Stomach pairs, depression, and physical and physical damages. 28 The failure of food managuer I water to act on her knowledge of a serious risk of feed deprivation to plantiff volated my eighth amendment right to be tree from deliberate indifference to my health and Sifety. 2% As a result of defendant watson to act on her knowledge and substitute food items lost weight rapidly, was forced to rendere stomach pains, depression and physical and physical damages. 30. The failure of Civis mckenning to act on his knowledge of a Serious risk of food deprivation to plantiff violated my eighth amendment



37. As a result of the (PMP) failure to relieve the plantiffs deprivation I was Subject to hunger pains, weight 1055, and physical and emotional damages. NEGLIGENT FAILURE TO PROTECT 38, All defendants named above owed a duty of reasonable came to protect me hungur, weight 1055, Stomach pains, and physical, emotional and phycological damages. 39. All the defendants breached duty by failing to provide relief or remedy the stuation after I informed them of my fears and anguish and were all owere of the Ges Supporting my fream 40 The breach of duty resulted in Serious Physical, emotional, physcological, suffering and damagies. 41. The breach of duty proximately cassed damages ExhaustIon of REMEDER: 44 I exhasoted my administrative remedices before filing complaint, such as the kite system and Grievance System RELIEF REQUESTED WHEREFORE: I request that this court grant the following relief: Declare that defendants: Haynes, mckenney, LT. Mongrer, LT Bowers, Scott Edwards, mchaffie, watson, Kitchen Acis Violated my eighth amendment right To be from deliberate indifference and deprivation of life necessity IE. FOOD.

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I declare under penalty of perjury that the for	
	Scatt who was (Signature of Plaintiff)



DEPARTMENT OF CORRECTIONS

OFFICE OF THE SECRETARY

P.O. Box 41101 • Olympia, Washington 98504-1101

May 18, 2017

TO:

All Staff

FROM:

Stephen Sinclair, Secretary

SUBJECT:

Airway Heights Water Quality Impacts

Based on current events involving the water supply in Airway Heights, Wash., and out of an abundance of caution, the Washington Department of Corrections is reviewing its operations as it relates to the Airway Heights Corrections Center's Correctional Industries' food operations. The Department has ceased serving any foods prepared in the Airway Heights Corrections Center that would have required water during the manufacturing process.

This decision was based on a finding of elevated levels of fluorinated organic chemicals (PFOS and PFOA) in the City of Airway Heights drinking water supply. The City of Airway Heights advised its water customers to not drink city water or use city water for cooking. This advisory will be in effect until further notice.

The levels found in the drinking water exceeded the Environmental Protection Agency (EPA) lifetime health advisory (HA) level. The advisory level is based on lifetime exposure from water ingestion, not from skin contact or breathing water vapor, which are not considered to be unsafe. While the levels found in the City of Airway Heights drinking water are above what is considered safe to drink, the amount of PFOA/PFOS in food processed with the water is likely to be much lower. The health risk from eating food processed with the water is expected to be very small.

The Department is taking the action out of an abundance of caution and not in response to any specific threat of illness.

The Department has removed foods from the meal plan which were produced at Airway Heights Corrections Center, including brownies, breakfast bars and other Airway Heights' produced baked goods. Alternative menus have been developed to avoid any of the Airway Heights' produced goods until the water issues have been resolved. The Department has ceased distributing potentially affected food products produced and distributed from Airway Heights Corrections Center to other correctional facilities and external customers.

Food is an important aspect of facility living and facility safety. We know that there will understandably be concerns and questions about the current, ongoing event. We are working with local authorities and health officials to determine when we can resume normal operations and will be sure to notify you when once we have more information. We urge patience with the anticipated questions. If you have questions about the ongoing event, please contact Scott Edwards, Correctional Industries' assistant director, at 360.725.9131.

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HEALTH SERVICES KITE

This form must be used to request non-emergency health care services, except in facilities where kiosks or sign-up sheets are used.

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DOC 13-423 (06/10/2010) POL

DOC 610.650

DOC 630.500

CORRESPONDENCE



DISCLOSURE STATEMENT

DATE: July 28, 2017

DOB: 12/22/1989

TO: Scott Thomas

Clallam Bay Corrections Center Clallam Bay, WA 98326

FROM: L.G. Onstead, RHIT

Clallam Bay Corrections Center

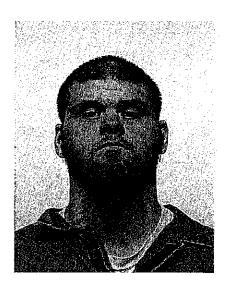
Clallam Bay, WA 98326

PATIENT'S NAME: THOMAS, Scott

WA DOC #: 382460

×	General release of information: This information is intended for the person to whom it is addressed and for the stated purpose only. It is disclosed to you from records whose confidentiality is protected by state law and may not be disclosed further without the specific consent of the person to whom it pertains or as permitted by law.
	This information is not to be disclosed to the patient without authorization from the health care professional as authorized under RCW 70.02.090 Patient's request – Denial of examination and copying.
	Sexually transmitted infections, including HIV/AIDS information: This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it without the specific written authorization of the person to whom it pertains, or as otherwise permitted by law. A general authorization for the release of medical or other information is NOT sufficient for this purpose.
	Alcohol and drug related information: This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR part 2). Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.
	You have been provided with the last two years of health care information. If you require additional information, please contact me.
	Please destroy records when no longer needed.
	Other:

State law (RCW 70.02) and/or federal regulations (42 CFR Part 2) prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.



DOC Number: 382460

Name: THOMAS, Scott William

Date of Photo: 05/01/2015 04:09:04 PM

Source of Photo: TAS

Close View-All Photo



OFFENDER I.D. DATA: $\begin{tabular}{ll} THOMAS, SCOTT \end{tabular}$

(Name, DOC#, DOB) 382460 12/22/1989

HEALTH INFORMATION DISCLOSURE

RELEASED BY (DOC STAFF NAME/TITLE)		DATE	TIME	
1		–	TIME	
L.G. Onstead, RHIT/Forms & Records An	alyst 2	7/28/17	0930	
RELEASE TO (REQUESTER'S NAME/TITLE)	·		<u> l</u>	
Scott Thomas				
Scott momas				
REQUESTER'S ADDRESS		REQUESTE	R'S TELEPHONE	
Clallam Bay Corrections Center				
Clallam Bay, WA 98326			•	
Clallatti Bay, VVA 90320				
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Reason health information was reviewed/r	released:			
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If health information was verbally released	state what information was	: diven:		
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Health information was release by (check	as applicable):			
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L.G. Onstead, RHIT			07/28/2017	
SIGNATURE - CHECK APPROPRIATE BOX: SI	quature and stamp of person disclo	nsing information	DATE	
	gnature of patient receiving informa		D/ 11 L	

Case 3:17-cv-05417-BHS-TLF Document 8 Filed 10/01/17 Page 30 of 52



OFFENDER I.D. DATA:

THOMAS. SCOTT

(Name, DOC#, DOB)

382480

13-33-89

GENERAL PURPOSE OUTPATIENT FLOW SHEET

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State law (RCW 70.02; RCW 70.24.105; RCW 71.05.390) and/or federal regulations (42 CFR Part 2; 45 CFR Part 164) prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.





HEALTH SERVICES KITE

This fill and print form is for healthcare staff to initiate communication with patients.

Patient offenders are to use	tine 3-part NCR form to con	mmunicate with stan.		
LAST NAME THOMAS	·	FIRST NAME Scott	· ·	
DOC NUMBER 382460	FACILITY CBCC	UNIT/CELL	E/G03	
	any information is entered be	RESPONSE/ENCOUNTER low except for: simple prescripti pes, classification, non-health se	on refills, finance, non-medical	· ·
TYPE OF RESPONSE				
☐ MEDICAL	☐ DENTAL	☐ MENTA	L HEALTH	
☐ OPTOMETRY	OTHER: Medic	cal records	· · ·	
Schedule within d	ays/weeks/months	Next available sick call	☐ No visit required	
Just received your kite da	ted 6/24/17.			
You have two options who	en requesting medical rec	ords:		
* You may kite Medical R	ecords and request a me	dical records review.		
OR				
* You may send your req	uest to the Public Disclos PO Box 41118 Olympia, WA	,		-
Copying of records cost 2	0 cents per side copied.			-
MIM DI PU BOX	stributor 40799			
San Fran	isisco, CA 9	4/40		
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RESPONDER typed name and sign	nature 44 -		DATE	
L.G. Onstead, RHIT	BOBlead &) 	06/26/2017	
PRESCRIPTIONS MUST	BE WRITTEN ON DOC 13-	435 PRIMARY ENCOUNTE	R REPORT (PER) OR IN CII	PS

DOC 13-423FP (06/01/2015)

DOC 610.040

consent of the person to whom it pertains, or as otherwise permitted by law. DOC 610.650

State law (RCW 70.02) and/or federal regulations (42 CFR Part 2) prohibit disclosure of this information without the specific written:

DOC 630.500

KITES





HEALTH SERVICES KITE

This fill and print form is for Patient offenders are to use	healthcare staff to initiate the 3-part NCR form to c	e communication wi communicate with s	th patients. taff.					
LAST NAME Thomas		FIRST NAME	Scott					
DOC NUMBER 382460	FACILITY CBCC		UNIT/CELL	IMU	,			
HEALTH SERVICES RESPONSE/ENCOUNTER This form must be filed if any information is entered below except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues								
TYPE OF RESPONSE	· ·				,			
	☐ DENTAL							
OPTOMETRY	OTHER:							
Schedule within	days/weeks/months	☐ Next available	sick call	☐ No visit required				
Mr. Thomas,								
The BMI calculator states Your last weight was 220	, ,	or you is 160-216 l	bs.					

RESPONDER typed name and signature

Ms. Peterson PA-C

06/28/2017

PRESCRIPTIONS MUST BE WRITTEN ON DOC 13-435 PRIMARY ENCOUNTER REPORT (PER) OR IN CIPS Distribution: ORIGINAL -- Health Record, COPY -- Offender

State law (RCW 70.02) and/or federal regulations (42 CFR Part 2) prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

consent of the person to whom it pertains, or as otherwise permitted by law.

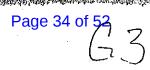


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This fill and print form is for healthcare staff to	gitiate communication with methods	•
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TYPE OF RESPONSE		
	☐ MENTAL HEALTH	
☐ OPTOMETRY ☐ OTHER:		
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 •	ease sign up for Sick Call.	
Please send a Health Services Kite to the Hea	ith Care Unit if you have any further question	S Of Concerns
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RESPONDER typed name and signature	DATE	
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PRESCRIPTIONS MUST BE WRITTEN ON DOC 13-435 PRIMARY ENCOUNTER REPORT (PER) OR IN CIPS

Distribution: ORIGINAL - Health Record, COPY - Offender

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HEALTH SERVICES KITE

This form must be used to request non-emergency health care services, except in facilities where kiosks or sign-up sheets are used.

DOC NUMBER FACILITY UNIT/CELL TMU E - 663 DATE 1/1/36 AM
DOC NUMBER 382460 JOB/PROGRAM JOB/PROGRAM HOURS DATE 1 MV E - 6103 DATE 1 ME 1 SO AM JOB/PROGRAM HOURS DAYS OFF If you feel you have an actual medical emergency, alert the staff and do not use this form. TYPE OF REQUEST (check only one box per form) MEDICAL DENTAL MEDICATION REFILL - List medication(s) with prescription number(s) or place sticker below OPTOMETRY OTHER: REASON FOR REQUEST (list problem or medications needing refill)
JOB/PROGRAM JOB/PROGRAM HOURS DAYS OFF If you feel you have an actual medical emergency, alert the staff and do not use this form. TYPE OF REQUEST (check only one box per form) MEDICAL DENTAL MEDICATION REFILL – List medication(s) with prescription number(s) or place sticker below OPTOMETRY OTHER: REASON FOR REQUEST (list problem or medications needing refill)
If you feel you have an actual medical emergency, alert the staff and do not use this form. TYPE OF REQUEST (check only one box per form) ☑ MEDICAL ☐ DENTAL ☐ MENTAL HEALTH ☐ MEDICATION REFILL – List medication(s) with prescription number(s) or place sticker below ☐ OPTOMETRY ☐ OTHER: REASON FOR REQUEST (list problem or medications needing refill)
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MEDICAL □ DENTAL □ MENTAL HEALTH □ MEDICATION REFILL - List medication(s) with prescription number(s) or place sticker below □ OPTOMETRY □ OTHER: REASON FOR REQUEST (list problem or medications needing refill)
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REASON FOR REQUEST (list problem or medications needing refill)
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HEALTH SERVICES RESPONSE/ENCOUNTER This form must be filed if any information is entered below except for: simple prescription refills, finance, non-medical
work/bunk change, religious diets, shoes, classification, non-health services issues
Schedule within days/weeks/months Next available sick call. No visit required
My. Thomas
Vom BMI 10 26.5. Overweight.
You are not stancing.
6 · · · · · · · · · · · · · · · · · · ·
RESPONDER signature and stamp (all copies) DATE and TIME
PRESCRIPTIONS MUST BE WRITTEN ON DOC 13-435 PRIMARY ENCOUNTER REPORT (PER) OR IN CIP

Distribution upon completion: WHITE – Health Record, YELLOW – Return to Offender with Response

State law (RCW 70.02) and/or federal regulations (42 CFR Part 2) prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.



HEALTH SERVICES KITE

This form must be used to request non-emergency health care services, except in facilities where kiosks or sign-up sheets are used.

PLEASE PRINT				S REQUEST MAY I	RESULT IN A CO-PA
LAST NAME	<u> </u>		RST NAME		
DOC NUMBER 382460	FACILITY C/3CC	UNIT/CELL JMU E-	603 DATE	6-6-17	TIME /1:36 AM
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If you feel ye	ou have an actual m	nedical emergenc	y, alert the star	ff and do not use	this form.
TYPE OF REQUEST (check only one box	per form)			
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Distribution: WHITE/YELLOW – Responder, PINK – Offender keeps
Distribution upon completion: WHITE – Health Record, YELLOW – Return to Offender with Response

State law (RCW 70,02) and/or federal regulations (42 CFR Part 2) prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

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HEALTH SERVICES KITE

This form must be used to request non-emergency health care services, except in facilities where kiosks or sign-up sheets are used.

PLEASE PRINT SUBMISSION OF HEALTH SERVICES REQUEST MAY RESU	LT IN A CO-PAY
LAST NAME FIRST NAME	
DOC NUMBER FACILITY UNIT/CELL DATE TIME 382460 CBCC TIME E-603 6-17-17	3:00 pm
JOB/PROGRAM JOB/PROGRAM HOURS DAYS OFF	
If you feel you have an actual medical emergency, alert the staff and do not use this	form.
TYPE OF REQUEST (check only one box per form)	. •
■ MEDICAL	
☐ MEDICATION REFILL – List medication(s) with prescription number(s) or place sticker below	
☐ OPTOMETRY ☐ OTHER:	
REASON FOR REQUEST (list problem or medications needing refill)	•
I am concurred about my weight 1055, due to my b	ein
underted, because of all the columns we are not gelling	1,1454
of the Airway height recall. Im In the holy I had	e no
physical activity and am doing werything I can to pre	estervy
my weight. Such as suting everything I get, going to	sleep
derectly after weal times and preserving my cularies.	I had
no illnesses or diseases, so I shouldn't we losing weight. Analo	my ony one
The only way to loose weight is to bern more calonies than ye	v lake in
not to burn culevies, and Em still Season OFFENDER SIGNATURE	·
HEALTH SERVICES RESPONSE/ENCOUNTER	.
This form must be filed if any information is entered below except for: simple prescription refills, finance, no work/bunk change, religious diets, shoes, classification, non-health services issues	n-medical
☑ Schedule withindays/weeks/months Next available sick call No visit i	required
The state of the s	SCOT A GENERAL PROOF PROPERTY AND A SCOT OF THE SCOT
Sixn up for sick call to	4
be evaluated.	
breight 6' 7" weight on entry to DOC 2	461
weight 4/23/17 informu 241	- - - - - - - - - -
omi 27.1 (presuergut)	
RESPONDER signature and stamp (all contage) MSN DATE and TIME (A) A A Click to ha, ARNE MSN DATE and TIME (A) 19 17 092	<u>ි</u>
PRESCRIPTIONS MUST BE WRITTEN ON DOC 13-435 PRIMARY ENCOUNTER REPORT (PER	OR IN CIPS

Distribution: **WHITE/YELLOW** – Responder, **PINK** – Offender keeps
Distribution upon completion: **WHITE** – Health Record, **YELLOW** – Return to Offender with Response

State law (RCW 70.02) and/or federal regulations (42 CFR Part 2) prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.





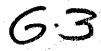
This form must be used to request non-emergency health care services, except in facilities where kiosks or sign-up sheets are used.

PLEASE PRINT	SL	IBMISSION OF HE	ALTH SERVI	CES REQUEST MA	Y RESULT IN A CO)-PAY
LAST NAME Thomas,	Scott	FIRS	ST NAME			
DOC NUMBER 38 2 4/60	FACILITY	UNIT/CELL IMU E-		1E - 17 - 17	TIME 3:00	
JOB/PROGRAM		OGRAM HOURS		DAYS OFF		
lf you feel you h	ave an actual me	dical emergency	, alert the s	taff and do not us	se this form.	
TYPE OF REQUEST (chec				*		
MEDICAL	☐ DENTA	L · ·		MENTAL HEALTH		
☐ MEDICATION REFILL	 List medication(s) with prescriptior	number(s)	or place sticker be	low	•
OPTOMETRY	☐ OTHER	:	· · · · · · · · · · · · · · · · · · ·			
REASON FOR REQUEST	(list problem or m	edications need	ling refill)			
I am concurr	ed about	my weigh	1 1055	der to n	ay being	
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of the Arrway	1 1 1			be bely 7	have no	<u>* : : : : : : : : : : : : : : : : : : :</u>
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Schedule within da	iys/weeks/months	Next a	/ailable/sick	call III	lo visit required.	
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RESPONDER signature and stamp	p (all copies)	DATE a	nd TIME			
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PRESCRIPTIONS MUST BE WRITTEN ON DOC 13-435 PRIMARY ENCOUNTER REPORT (PER) OR IN CIPS

Distribution: WHITE/YELLOW – Responder, PINK – Offender keeps
Distribution upon completion: WHITE – Health Record, YELLOW – Return to Offender with Response





This form must be used to request non-em	ergency
health care services, except in facilities wh	ere kiosks or sign-up sheets are used.
DI EASE DOINT	SUBMISSION OF HEALTH SERVICES BE

PLEASE PRINT			SŲBMISSIOI	•	H SERVICES	REQUEST M	AY RESULT	IN A CO-PAY
LAST NAME Thomas	5 400	0	7	FIRST NA		· ·		1
DOC NUMBER - 38 2460		ACILITY	UNIT/CI		DATE	21-17	TIME	/'a a 2111
JOB/PROGRAM		<i>C/SCC</i> JOB/	PROGRAM HO	/ <i>E-603</i> iurs		Z/~// DAYS OFF		1.00 pm
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TYPE OF REQUES	ST (check o							$ T ^2 + \nabla^2 +$
MEDICAL		☐ DEN		1 1 1		ITAL HEALT		
☐ MEDICATION	REFILL – Li	st medication	n(s) with pre	scription nun	nber(s) or pl	ace sticker b	elow	
OPTOMETRY		□ отн	ER:		· · · · · · · · · · · · · · · · · · ·		·	
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+ all the	Sood 1	WP CIVE	nt qui	ling bol	ase of	the C	<u>4HCL)</u>	recull
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Distribution: WHITE/YELLOW – Responder, PINK – Offender keeps

Distribution upon completion: WHITE – Health Record, YELLOW – Return to Offender with Response



This form must be used to request non-emergency health care services, except in facilities where kiosks or sign-up sheets are used.

PLEASE PRINT	SUI	BMISSION OF	HEALTH SER	RVICES R	EQUEST MAY	REŞULT II	V A CO-PAY
LAST NAME	(200)	Ī	FIRST NAME	1.11			-
DOC NUMBER	FACILITY	UNIT/CELL	ر	DATE	**	TIME	
382460	CBCL	IMUE	-603	6-2	1-17	TIME 4/	DOPM
JOB/PROGRAM		GRAM HOURS			YS OFF		
If you feel you h	nave an actual med	lical emerger	ncy, alert the	staff an	d do not us	e this form) <u>.</u>
TYPE OF REQUEST (chec		and the second second			,	· .	
MEDICAL	☐ DENTA!			MENT	AL HEALTH		
☐ MEDICATION REFILL	List medication(s)	with prescrip	tion number(s) or plac	e sticker bek	w	
□ OPTOMETRY	OTHER:	: 	·			<u> </u>	
REASON FOR REQUEST	(list problem or me	edications ne	eeding refill)				
I would like to	o Sun up to	SICK C	all 10	be	o valuate	ed ab	ait.
my weight I	losing weigh	+ Duy	10 16	v fu	ceil disp	h 111.	5.0
of all the food	<i>y w</i>	go Him	-	o ct	the (A	HCC)	recult
		<u> </u>	A CONTRACTOR		· .		
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			1.00		1 / c		
	HEALTH SEI	RVICES RES	PONSE/ENC		NDER SIGNATU R	IRE	· :
This form must be filed in	f any information is en ink change, religious c	tered below ex	cept for: simpl	e prescrip	tion refills, fina	ince, non-m	edical
Schedule within da	Commence of the second	阿斯斯 化 阿斯二丁基本化二十十二年,不是国际特	t available si	BEAR BOOK TO IT	N III	145751-527000000000000000000000000000000000000	red
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PRESCRIPTIONS MUST BE WRITTEN ON DOC 13-435 PRIMARY ENCOUNTER REPORT (PER) OR IN CIPS

Distribution: WHITE/YELLOW – Responder, PINK – Offender keeps
Distribution upon completion: WHITE – Health Record, YELLOW – Return to Offender with Response



This form must be used to request non-emergency. health care services, except in facilities where kiosks or sign-up sheets are used.

PLEASE PRINT	sı			ICES REQUEST MAY	RESULT IN A CO-PAY
LAST NAME Thomas	Scott	F	IRST NAME	T	
DOC NUMBER	FACILITY	UNIT/CELL	E /07	6-22-17	TIME 1212. Ilm
JOB/PROGRAM		ROGRAM HOURS	<u>r-603 </u>	DAYS OFF	17:20 119
			icy, alert the	staff and do not use	this form.
TYPE OF REQUEST (ch		·			
MEDICAL MEDICATION DEFINI	☐ DENTA	and the second second		MENTAL HEALTH	
☐ MEDICATION REFIL			lion number(s)	or place sticker belo	W
OPTOMETRY	OTHER		Petro.		
REASON FOR REQUES					.
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	2-17) Trats		1 1 1		incy 5-18-17
	placed on a		divt b		W (AHCC)
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lugue im overwa		- 1	ny Ch	ice to by	ably to
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Sustainy, I	lunt Start 1	using unti	1 this R	ccall becan	
			Sea	OFFENDER SIGNATUR	<u> </u>
	HEALTH SE	RVICES RES	PONSE/ENC	UNTER	
				prescription refills, final -health services issues	
Schedule within	[4] 特力。在各個自身企工工工學關鍵問題《如果期代》。	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FA N. SCHOOL STATE CONT.	call 💹 No	- 一、「実際の連合機器との指導機器です。 ・コンスと語彙
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	about some	<u> </u>	MIN LA	6/24/1/	
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RESPONDER signature and sta	mp (all copies)	DAT	E and TIME		
(XIX)			6/23/	17	
PRÉSCRIPTIONS MUS	T BE WRITTEN ON Distribution: WHITE	the second secon	1 No. 1 No. 1	COUNTER REPORT	(PER) OR IN CIPS
Distribution				пепаег кеерs arn to Offender with Respo	onse

State law (RCW 70.02) and/or federal regulations (42 CFR Part 2) prohibit disclosure of this information without the specific written consent of the person to whom it pertains, of as otherwise permitted by law. DOC 13-423 (11/20/2015)

DOC 610.040 DOC 610.650 DOC 630.500 DOC 630.540

KITES



This form must be used to request non-emergency health care services, except in facilities where kiosks or sign-up sheets are used

PLEASE PRINT SUBMISSION	OF HEALTH SERVICES REQUEST MAY RESULT IN A CO-PAY
Thomas Scott	FIRST NAME SLUTT
DOC NUMBER FACILITY UNIT/CE	LL DATE, TIME
JOB/PROGRAM JOB/PROGRAM HOL	72.00
If you feel you have an actual medical eme	rgency, alert the staff and do not use this form.
TYPE OF REQUEST (check only one box per form)	
☑ MEDICAL □ DENTAL	☐ MENTAL HEALTH
☐ MEDICATION REFILL – List medication(s) with pres	cription number(s) or place sticker below
☐ OPTOMETRY ☐ OTHER:	
REASON FOR REQUEST (list problem or medication	s needing refill)
I Just come buck from my sick	call all + want is for you to
	65 on (4-22-17) and toolay 7 was
220 165 in/6-22-17) Trals 21	+ 165 I have lost sincy 5-18-17
when I was placed on a lovered	diet becase of the (AHCC)
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	be not closes to by able to
Sustains weight not everwherely	
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en e	OFFENDER SIGNATURE
	RESPONSE/ENCOUNTER w except for: simple prescription refills, finance, non-medical
	s, classification, non-health services issues
Schedule within days/weeks/months	Next available sick call No visit required
	요리 아이들 수 있는 것들은 경험을 하는 것이다. 하는 이 경영 전략 전략 전략 전략 전략 기계
RESPONDER signature and stamp (all copies)	DATE and TIME
PRESCRIPTIONS MUST BE WRITTEN ON DOC 13-4	35 PRIMARY ENCOUNTER REPORT (PER) OR IN CIPS



Distribution: **WHITE/YELLOW** – Responder, **PINK** – Offender keeps

Distribution upon completion: **WHITE** – Health Record, **YELLOW** – Return to Offender with Response



This form must be used to request non-emergency health care services, except in facilities where kiosks or sign-up sheets are used.

PLEASE PRINT	SUB	MISSION OF HEAL	TH SERVICE	S REQUEST MAY	RESULT IN A CO-PAY
LAST NAME Themas,	Scott	FIRST	IAME Scott		
DOC NUMBER	FACILITY / IZ//	UNIT/CELL ZMU E-6	DATE	16-22-17	TIME 12:30 pm
JOB/PROGRAM	JOB/PROC	FRAM HOURS		DAYS OFF	1
If you feel you ha	ve an actual medic	ral emergency al	ert the stat	f and do not use	this form
TYPE_OF REQUEST (check		- •	ert tric star	i and do not use	una ioim.
MEDICAL	☐ DENTAL		П ма	NTAL HEALTH	
	 	vith prescription nu			N
OPTOMETRY					
REASON FOR REQUEST (I	- April 197	Market Control	refill)	· *	
was I 241	, b 165 o	7 (4-22-	17) as	nd 220	165
on (6-22-17)	? aran in the state of				
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A Company of the Comp	HFAI TH SER	VICES RESPONS		FFENDER SIGNATUR I TER	E
This form must be filed if a	any information is ente	ered below except for	r: simple pres	cription refills, finan	ce, non-medical
Schedule within day	ik change, religious di /s/weeks/months			aith services issues II	visit required
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PRESCRIPTIONS MUST E	BE WRITTEN ON D Distribution: WHITE/Y				(PER) OR IN CIPS
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This form must be used to request non-emergency health care services, except in facilities where kiosks or sign-up sheets are used.

PLEASE PRINT	SUBMISSIO	N OF HEALTH SERVICES RE	QUEST MAY RESUL	T IN A CO-PAY
LAST NAME The Mias,	SOUTH	FIRST NAME Scall		
DOC NUMBER	FACILITY UNIT/CI	ELL DATE	TIME	
387460 JOB/PROGRAM	JOB/PROGRAM HO		22-/7	12:30 pm
	OOD/I NOO!	JANO DA	19011	· .
If you feel you ha	ve an actual medical eme	ergency, alert the staff and	d do not use this fo	rm.
TYPE OF REQUEST (check	only one box per form)			
™ MEDICAL	☐ DENTAL	☐ MENTA	L HEALTH	
☐ MEDICATION REFILL -	List medication(s) with pre-	scription number(s) or place	sticker below	. /
OPTOMETRY	OTHER:	the state of the s		4
REASON FOR REQUEST (I	ist problem or medication	ns needing refill)	and f	
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na (6-22-17)	Daniel Services	C C C C C C C C C C C C C C C C C C C		
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rnis form must be filed if a work/bun	iny information is entered beid k change, religious diets, shoe	ow except for: simple prescripti es, classification, non-health se	on retilis, finance, non ervices issues	-medical
Schedule within day	的过去分词 医克克斯氏 医克斯特氏 医二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	A CONTROL OF THE REPORT OF THE PARTY OF THE	INo visit re	quired ',
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RESPONDER signature and stamp ((all copies)	DATE and TIME		
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PRESCRIPTIONS MUST BE WRITTEN ON DOC 13-435 PRIMARY ENCOUNTER REPORT (PER) OR IN CIPS

Distribution: WHITE/YELLOW - Responder, PINK - Offender keeps
Distribution upon completion: WHITE - Health Record, YELLOW - Return to Offender with Response

brievanue Continued 205 2 The reall started on 5-18-17 and the issue is still ongoing. Since the Airway heights recall slavted this is what we have Been Storted Thursday 5-18-17 Dinner - 2 Choclate chip Cookies, Dinner roll & Bitter Friday 8-19-17 Breakfast Sardwich Dinner - Butter Prolle multin Saturday 5-20-17 Dinner - Wheat roll and letter Sunday 5-21-17 Breakfast - multin, Bran Bar-lunch-Humlager by Dinner - roll monday 5-22-17 Breakfast-Butter Bickle multin lunch-2 cookies Dinner - 2 cookies Tuesday 5-23-17 lunch-2 cookies wednesday 5-24-17 lunch-1PB) Sundwich, Brownie Dinner - Wheat roll, Butter Browlests. Thursday 5-25-17 Breakfast-Bran molfin lunch - 2 cookies onner - wheat roll, butter Friday 5-26-17 Breakfast-Beakfast Sandwich linch-1PBS Sunpwich, Bowne Dunner-wheat voll Saturday 5-27-17 lunch - 2 patineal cookies pinner-wheat roll, butter Sunday 5-28-17 breakfast-mottin, Bran Bur lunch-Hamburger bun monday 5-29-17 breakfast - Butter Brekle muttin lunch - 2 cookies Dinner-com multin, Butter Tuesday 5-30-17 lunch - 2 cockres pinner 2 clockate chp cookres Webnesday 5-31-17 Brackfast-Breakfast Sanowich lunch-1PB) sum wich Brownie pinner-wheat roll, Butter Thursday Brenkfast-Bran multin funch - 2 cookies Dinner - wheat roll, Butter Friday 6-2-17 Breakfast - Breakfast sanowkh linch-1PBU Sunowich Brown in These are the pates, meals, and all the food we have Been Shirted. I.K.e I said the 15508 is still ongoing and the airway heights recall is still in effect Also the food that we do get like the salad, The vegetables, and the main course are always Shorted, like who ever is scooping the land is too weak to hardle the Spoon also the Sack lunches we are Being fed are short food! cooking the bread is state and not sealed the whole process is unsanitary and the applesance

tastes terrible, we are Being underted.

	food missing at meals
301.6-4-17	Breakfast-CI mottin, Bran Bar Dinner-2 cookies, wheat voll
161. b-S-17	Breakfost-Botter brickle multin lunch - 2 cookies pinner - pasta Salad
Tue. 6-6-17	Junch - ZBookies & All and a stand of the st
sed 6-7-17	Breakfast - Breakfast Sandwich lundt-1PBI Sandwich, Braumas
	Dinner - 2 lemon Cookres juhect voll
twv. b-8-17	Breakfast - Bran moltin lunch - CI cookies
Fri. 6-9-17	Breakfast-Breakfast Sandwich lunch - IPBI, Brownie
1	Dunner-wheat roll, copcate
3m. 6-11-17	Breakfast-PB), bran Bar lunch-Chilli, CI motten anner-CE cook
	Breakfest-Oatmood, CI mother lunch-CI coderes Drincer - wheat voll
Ve. b-13-17	lunch-CD cookres Dinner-wheat voll, Brownie we were given
310.50	Contaminated CI cookses, forced to throw away
sed. 6-14-17	Breakfast-breakfast Sandwich lunch - Bread, 1883, Brownie
	Dinaer-wheat voll, CT muffin
	Breakfast-bran multin lunch LCI cookings princer - wheat voll
Friz 6-16-17	Breakfast - breakfast Sandwich linch - IPBS, Braines Dinner-CI mufter
Sun. 6-18-17	hreakfast - Bran Bar, (I muter Dunner - wheat well
	Breakfast - buen contaminated at million, forced to throw away
4	lunch-CI Cookies Dinner CI Cookies
	lunch - Ct Cookies, Cheese
wed 6-21-17	Junch - 1 PB) Brownie
Thur. 6-27-17	breakfast - contaminated CI mother, forced to throw away
	Junch - Bread, Ct Cookies
	Breakfact - oat meal , Breakfast Sandarch lunch - 1PBJ, brownue
un material distribution and distribution of property and the second of	Dinner - CI mottin
sat. 6-24-17	lunch - Ct Cookies
	Breakfast - CI mother
mon, 6-26-17	Breakfast- contaminated CI mother, forced to throw away

Tue, 6-27-17 lunch-ct cookies Dinner-ct cookies wed 6-28-17 lunch - 1BJ, brownie Thur. 6-29-17 Breakfast - CI mutter lunch-Cheese, CI cookies. Fri. 6-30-17 Brackfast - Contaminated motion lunch - Brainie Sun to the Breakfast Contaminated et multin forced to throw away Dinner-Contamnated Ct colves, thrain away mon. 7-3-17 Breakfast-ct motion, contamonated, threw analy Tre 7-4-17 lunch - Contamonaled at cookies, had to throw early become the transfer of the same wed 7-5-17 lunch - Contaminated Ct Cookies Thur. 7-6-17 Breakfast-Contamnated ex moffing three away lunch - ZI cookies pinner- CI cookies Fri.7-7-17 lunchiel Cookies Sat 7-8-17 Dinner - contampoled at multin Threw away Sin. 7-9-17 lunch - Contaminated CI motter threw away man 7-10-17 Breakfast - Contamualed at motion of buch - contamualed Car Cookies threw away The 7-11-17 buch - Contacokies threw oney Dinner Cant, mutter threw oway wed 7-12-17 with - Contacokues, threw any Thur. 7-13-17 Breakfast - cont rest nottin, threw away Fri. 7-14-17 first day we recieved our normal Issue of cI food and books in a month and a halt, recall ends, what was apposed to be 7-10 days was a month and a half.

Case 3:17-cv-05417-BHS-TLF Document 8 Filed 10/01/17 Page 47 of 52 $6 \cdot 3$





LOG I.D. NUMBER 17634073

OFFENDER COMPLAINT

CHECK ONE:	Initial	ergency	eal 🗹 Rewrit	e	
was involved or which p complaint form. A forma employee to report an e appropriate Department	olicy/procedure is beir al grievance begins on mergency situation or employee(s) before p	eted form to the Grievance ong grieved. Be as brief as the date the typed grieve to initiate an emergency oursuing a grievance.	s possible, but include t ance forms are signed complaint. Please atte	the necessary facts. Use the Coordinator. Compt to resolve all com	Jse only one ontact a Department oplaints through the
response. Ir	nclude log ID # on rew	rité or response being ap	pealed.	nied within <u>5 working</u>	<u>cays</u> of receiving the
Last Name	First	Middle	DOC Number 38246 0	Facility/Office	Unit/Cell
STATE OF STATE OF STATE OF THE	Scott	william	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		IMUE-603
Program, Department of MAILING ADDRESS:	Corrections, P.O. Bo STREET OR P.O. BO	pleted copies of this form x41129, Olympia WA 98: X CITY, S Stutute (13.8.6) S with the basic of this form the provide the control of the	504-1129. TATE	ZIP CODE	TELEPHONE
duty to provide	there prisoners	with the basic	, necessities	of life such a	S clothing,
food, Shelter, and	medicing fail	ore to provide y	nese items wi	$(C_1 - 17) \cup 10$	band house
The state of	LE THE MINULY	neichly i could or	1713 WE40UNON	0-10 17 VOC	0001
horted for 2 11	ems at each	i meal time n	The state of the state of	ear convection	conter has
1 11	d - 1 - 1 - 1 - 1 - 1 - 1 - 266	neals per day. or remedy the	Site in techno Illiano	otrovy i Kindul	WE WE !-!
L SUSGEST That	The Kitchen o	or ventedy the state man we not recive to I'm grieving to wither Sibstitute	Bout for the	Home & latterne	ative)01/
JIVE US PWU OT I	he sound thus	s or more of th	e food we are	necleving th	e water or
or supplement the	nues on Seperate		Sealt w 7 hr Signature		6-2-17 Date
GRIEVANCE COORD			acility/Office	Date Receiv	
Your complaint is being ı □ It is not a grievable is	returned because:		The complaint was r	esolved informally.	615117
You requested to with You failed to respond	•	L		n and/or rewriting nee ing days or by:	
☐ Administratively With		· · · · C	No rewrite received	·	
The formal grievance			Sent to	(facility) on	(date).
EXPLANATION:	cepted, 8	kevel/		•	
· .		·			
			. 1		
Coordinator's Name (print)	al-th.	Coordinator's Sig	gnature //		Date / / /

Case 3:17-cv-05417-BHS-TLF Document 8 Filed 10/01/17 Page 48 of 52

Appeal

Rewrite



☐ Emergency

CHECK ONE:

☑ Initial

LOG I.D. NUMBER

OFFENDER COMPLAINT

RESIDENTIAL FACILITIES: Sond completed form to the Ori	specar	re	
RESIDENTIAL FACILITIES: Send completed form to the Grieve was involved or which policy/procedure is being grieved. Be as brie complaint form. A formal grievance begins on the data the typed expension of the data the typed expension.			
	cy complaint. Please atte	empt to resolve all co	molaints through the
— IIIIII DUISUITU A UTEVATICA			
NOTE: Complaints must be filed within 20 working days of the in response. Include log ID # on rewrite or response being	ncident. <u>Appeals</u> must be appealed.	filed within 5 working	days of receiving the
Last Name First Middle	DOC Number	Facility/Office	Unit/Celi
Thomas Scott William	382460	CBCC	
COMMUNITY SUPERVISION: Send completed copies of this for Program, Department of Corrections, P.O. Boy 41129, Okempir MA			IMU E-603
WALLS AND THE PROPERTY OF THE PARTY OF THE P	98504-1129	'rogram Manager, Of	fender Grievance
IN MANIE IN ION A DEDICTOR SOFT CONTROL OF THE ACTUAL AND A SECOND CONTROL OF THE ACTUAL AND ACTUAL	STATE	ZIP CODE	TELEPHONE
		CALL SHEET FOR LET	斯·森·克勒·森·克勒·克勒·克勒·
COMPLAINT: Constitution, state statute, St	ate's: That pr	ison officials	have the
duty to provide there prisoners 13.8. Such as clothing, food, shelter, and medicine	I with the basis	c nus essitie.	sof life,
such as clothing, food, shelter, and medicine	failure to prov	rdy these , te	ms will as -
Since the Airway Regall Crisis Biginains	(5-18-17) to Q	ngaing started	we have
Since the Airway Regall Crisis Biginaing been Shorted 1 to 2 items a meal making	ac + La Mane	use and only	by fead.
to the particular of 1 wall a last of	1) 11 10 were	1 1 1/1	an attent
to 1 equity out of 2 means a day, in	e cisco kitchen	has made	No amount
To adress or remedy the situation, so, we	have not bee	n recieving	ne al The
to the equiverent of 2 meals a day. The to adress or remedy the situation, so, we of calories per day we have coming to us kitchen staff at CBCC	o That 15 why 1	in brievieng	inc any ine
Kitchen Staff at CBCC		- •	
SUGGESTED REMEDY: I suggest that the Killeren if it means giving us 2 of the some of the food they are giving us to supplement the food the food they are giving us to supplement the food	tchen either su	bstitute item	5 for items
even It It means giving is 2 of the same	thing or that	Hey give	is more
of the food they are giving us to suppleme	int the loss.	1/1/	
Mandatory	Sun	Helpone)	5-25-17
	Signature	7 - 7	Date
GRIEVANCE COORDINATOR'S RESPONSE	Facility/Office	Date Receive	
Your complaint is being returned because:	<i>IN</i>	\mathcal{U}	5/30/17
It is not a grievable issue.	The complaint was re	solved informally.	
☐ You requested to withdraw the complaint.	Additional information	and/or rewriting nee	ded / (See below.)
You failed to respond to callout (sheet) on	Return within 5 workir	ng days or by: 6/5	717_
Administratively Withdrawn	☐ No rewrite received _	·	
The formal grievance/appeal paperwork is being prepared.	Sent to	(facility) on	(date).
EXPLANATION: In ander to pricess i	BUR IMAN	vint please	a indicato
The date (3) incidents occurred	and the SR	Willia, mo	ry
preakfost lunch on dinner).	Please atulous	in dicato	which 1100
not provided and for thet une	Colinila 1. Jos 1	Missimo	CH WAS CONS
		ecoci y	
·			
Coordinator's Name (print)	Pignoture /	,	
Coordinators	pignature	* ``	Date /
OC 05-165 Front (Rev. 04/01/14)	- Collow Valley	/	_10100[1]
		DOC 310.100,	DOC 550.100



LOG I.D. NUMBER 17634803

WASHINGTON STATE			OFFENDER	COMPLAINT
CHECK ONE: Initial Emergency	☐ Appeal	Rewrite		
RESIDENTIAL FACILITIES: Send completed form to was involved or which policy/procedure is being grieved. complaint form. A formal grievance begins on the date to employee to report an emergency situation or to initiate appropriate Department employee(s) before pursuing a suppropriate Department employee(s) before employee(s) before employee(s) before employee(s) before e	Be as brief as possi he typed grievance fo an emergency compla grievance.	ble, but include the necourms are signed by the Caint. Please attempt to a	essary facts. Use of Coordinator. Contact esolve all complain	only one ct a Department ats through the
NOTE: Complaints must be filed within 20 working d response. Include log ID # on rewrite or response.	onse being appealed	ppeals must be filed with	nin <u>5 working days</u>	of receiving the
Last Name First Middle Thomas Scott willie	,	Number Fac 2460 CBC	cility/Office	Unit/Cell U E-G03
COMMUNITY SUPERVISION: Send completed copie	es of this form directly	to: Grievance Program		
Program, Department of Corrections, P.O. Box 41129, C MAILING ADDRESS: STREET OR P.O. BOX	CITY, STATE	ZÎP Ç		EPHONE
COMPLAINT: On may 18th 2017 Air such as bread, multins, Branders, EC	T AC OF toda	had a recall c	on CI prode e Recall K	ctill in
Offact Co fee has been must not	שישו שנו מא שני	and a successfort	those item	1 C. Wil
have gone hingry because of this 1	ssue, Being d	eprived and stu	rued do to t	the fact
Nat the majority at our tood come nentally and physically. I didn't thus	s from Airwa nk it could go	y heights I	It takes a but tunght a	at dinner
Becase we were given CI wheat rol	toreed to real	liveue tood and Lookies. We ha	. Throw it is	away onth without
have gone hungry because of this I have gone hungry because of this I hat the majority of our tood come mentally and physically. I didn't thus I was priven hving tonight I was Because we were given CI wheat rolly held items, It appears for no Reason we were siven contaminated food of core is injust we are still starved at SUGGESTED REMEDY:	on, cause the items IE. wand that why	recall is still heat roll and a lim Good wash	in effect and atmed cooker uston puc, CBC	d tonight es. The lack il, and CBU Kitcher
I sussest you find a likely substitute I products, and don't give us any mor	e at produts	is we can't ha	torced to t	throw away
antill Recall is over contaminated food!	Mandatory Signatu) <u>6</u> Date	13-17
GRIEVANCE COORDINATOR'S RESPONSE Your complaint is being returned because:	Facility	Imu		46/17
☐ It is not a grievable issue.☐ You requested to withdraw the complaint.	☐ Addi	complaint was resolved tional information and/o	r rewriting needed.	(See below.)
Tou failed to respond to callout (sheet) on	□ No re	rn within 5 working days		
The formal grievance/appeal paperwork is being prepared in the formal grievance appeal paperwork is being prepared in the formal grievance appeal paperwork is being prepared in the formal grievance appeal paperwork is being prepared in the formal grievance appeal paperwork is being prepared in the formal grievance appeal paperwork is being prepared in the formal grievance appear work is being prepared in the formal grievance appear work is being prepared in the formal grievance appear work is being prepared in the formal grievance appear work is being prepared in the formal grievance appear work is being prepared in the formal grievance appear work is being prepared in the formal grievance appear work is being prepared in the formal grievance appear work is being prepared in the formal grievance appear work in the formal grievance appear with the formal grievance appear	// /	to (facilit	y) on	(date).
EXPLANATION: L'HUS 18841 WAS OF	oldwissod ar en appuel	i Log 2/163 I mot sutiets	456/ which	Vin you
Nespeonee. Pen The anies Com	eg Maryal	you may on	ly submit	gne
lingsacut peu 1881 a Thenes	ence Viras c	implaint i	ivell not b	
		•		
Coordinator's Name (print)	Coordinator's Signature	th		Date (6/16/17)

17634561



LEVEL I - INITIAL GRIEVANCE NIVEL 1 - QUEJA INICIAL

Name: NOMBRE:	Last APELLIDO Thomas	First PRIMERO NOMBRE Scott	Middle 2DO NOMBRE W	DOC Number NUMERO DOC 382460	Facility/Office FACILIDAD CBCC	Unit/Cell UNIDAD/CELDA EG03
PART A - INITIAL GRIEVANCE/PARTE A - QUEJA INICIAL			Date Typed 6/13/	17 Date Due	6/20/17	

I WANT TO GRIEVE / QUIERO QUEJARME DE: Constitution State Statute (13.8.1) states: That prison officials have the duty to provide their prisoners with the basic necessities of life such as clothing, food, shelter, and medicine. Failure to provide these items will render the officials liable to civil suit. Since the Airway Heights recall crisis began on (5-18-17) we have been shorted 1 or 2 items at each meal time making it to where we are only being feed the equivalent at two meals per day. The Clallam Bay Correction Center has made no attempt to address or remedy the situation. Therefore I know we are not being feed the proper amount of calories mandated by law. I have asked for the policy about this issue and have not received it. The staff here seems not to care we are under feed that's why I'm grieving Washington DOC and the CBCC kitchen.

SUGGESTED REMEDY / REMEDIO SUGERIDO: I suggest that the kitchen either substitute items for items (alternative) or give us two of the same thing or more of the food we are receiving to make up or supplement the loss. 1 of 2 Grievance continues on separate sheet...

s/s M. Holthe, CS2	6/6/17	s/s Scott Thomas	6/2/17
Grievance Coordinator Signature	Date	Grievant Signature	Date
FIRMA DE COORDINADOR DE QUEJAS	FECHA	FIRMA DE QUEJANTE	FECHA

PART B - LEVEL I RESPONSE / PARTE B RESPUESTA PRIMER NIVEL

In response to your complaint I consulted with Food Service staff.

Information gathered during the investigation indicates that the incident involving Airway Heights (AHCC) Food Factory caused food shortages at each facility. Some of the major vendors throughout the State were contacted by multiple facilities and as such vendors were having a difficult time in meeting the needs of each facility. Although substitutions were made when possible, there was a few occasions when substitutions were simply not available. Additional information indicates that outside vendors are now producing a higher volume of products in order to meet the needs of the Department as whole, and as such the need for substitutions are less frequent.

Based on the information presented, outside vendors were initially unable to meet the needs of the entire Department however products are now being received much quicker and at a greater volume. While the Department apologies for any inconvenience this issue may have caused, the problem is being resolved as quickly as possible. Thank you for your patience and understanding in this matter.

M. Holthe

Grievance Coordinator Signature COORDINADOR DE QUEJAS 6/13/17

Date FECHA

You may appeal this response by submitting a written appeal to the Coordinator within five (5) working days from date this response was received. Ud. puede apelar esta respuesta al someter una apelación por escrito al coordinador dentro de cinco (5) días de trabajo de la fecha en que esta respuesta fue recibida.



1763456/

OFFENDER COMPLAINT

			. /		OFFENL	PER CUMPLAINT
CHECK ONE	: 🔲 Initial	☐ Emergency	App	eal 🗌 Rew	rite	
RESIDENTIA was involved or complaint form. employee to rep appropriate Dep	L FACILITIES: Set which policy/proced A formal grievance port an emergency si partment employee(s	nd completed form to ure is being grieved. begins on the date th tuation or to initiate a b) before pursuing a g	the Grievance Be as brief as ne typed grieva in emergency prievance.	Coordinator. Expla possible, but includ- ince forms are signe complaint. Please a	in what happened, whe e the necessary facts. d by the Coordinator. (ttempt to resolve all co	Use only one Contact a Department mplaints through the
		l within <u>20 working da</u>) # on rewrite or resp			pe filed within <u>5 working</u>	a days of receiving the
Last Name	First	Middle	e	DOC Number	Facility/Office	Unit/Cell
Thomas	Scott	Willia	in	382460	CBCC	IMU E-603
COMMUNITY Program, Depai MAILING ADDR COMPLAINT Not to be IS The load breakfast so we are only Polls, Braunie efficient no peanut buth Still being a dependent co any meal, SUGGESTEI OCT boxe	tment of Corrections RESS: STREET OF The fruth bread we s andwiches cr s, cookies, Bran west times to deprived wha he state for Respectfully, D REMEDY:	AP.O. BOX 41129, OI AP.O. BOX Aling this de The only for Set to mede Mednesday PBJ and we burs, muturs, here care still the There are tour regular sold and not re Soll thrus	lympia WA 981 CITY, S	TATE TATE THE THE THE THE THE THE	two we arent two we arent tour lunch but e of bread, c turns being mi phsycolisically d s never being to do a bett	TELEPHONE answer outside verdor getting our vidays also getting wheat is and not heese, or ade we and amazing to be satisfied at 6-16-17 Date
Your complaint It is not a grid You requeste You failed to Administrativ	respond to callout (sely Withdrawnrievance/appeal pap	cause: omplaint.	, 	Additional informa Return within 5 wo No rewrite receive	Date Received informally. It is resolved informally. It	eeded. (See below.)
Coordinator's Nan	ne (pilny)	A.	Coordinator's Si	gnatura K. Hod ti	L	Date (19/12)
DOC 05-165 Fron	t (Rev. 04/01/14)			· · · · · · · · · · · · · · · · · · ·	DOC 310.1	00, DOC 550.100

Department of
Corrections

LOG I.D. NUMBER	
117192111	
17633131	

		•				OFFEND	ER COMPLAINT
CHECK ONE:	☑ Initial	☐ Emergency	□Арр	eal 🗆 F	Rewrite		
was involved or who complaint form. A employee to report appropriate Depart	FACILITIES: Send hich policy/procedur formal grievance bet an emergency situtment employee(s) I	completed form to the is being grieved. En gins on the date the ation or to initiate an pefore pursuing a grie	ne Grievance de as brief as typed grieva emergency evance.	e Coordinator. E s possible, but in ance forms are s complaint. Pleas	xplain what clude the no igned by the se attempt t	ecessary facts. e Coordinator. Cooresolve all con	Use only one Contact a Department
respon	se. Include log ID #	on rewrite or respon	se being ap	pealed.	ast be med	within <u>5 working</u>	days of receiving the
Last Name Thomas	First Scott	Middle Will	in	382460	1.	acility/Office	Unit/Cell TMUE-603
Program, Departm	ent of Corrections, I	id completed copies P.O. Box 41129, Olyr	of this form npia WA 98	directly to: Griev 504-1129.	ance Progra	ım Manager, Of	fender Grievance
	SS: ASTREET OR F		CITY, S				TELEPHONE
COMPLAINT:	In my mos	t recent e	orie vari	ce, LOGI	1) F(1	7634803)	you did
not except	, because y	in Sand It	uces a	ハ いりんり ナ	hat l	ics alrea	ly been
fact that	two time	is not the now, oh	: (6-13-	17) and (1	6-19-17) We has	e been
given cz	COKIES The	n mutten, Du	e to t	he Recall	from	(AHCC) T	hey and
not edibly	therefore	we are fo	vcol .	La Llacon	Home	AUKU	The A is
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				Signature			Date
	ORDINATOR'S F			Facility/Office		Date Rece	ived
☐ It is not a grieva			[The complaint		•	eded. (See below.)
	to withdraw the com		1			ays or by:	eded. (See below.)
· /	spond to callout (she - Withdra wn <i>l. a1</i>	/ // // // // // // // // // // // // /		☐ No rewrite rec	_	•	 -
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Coordinator's Name (WHO II	Co Co	ordinator's Si	gnature	111		Date / / / / / / / / / / / / / / / / / / /
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